

# Apoptotic Effects of Over-Expressed Estrogen Receptor- $\beta$ on LoVo Colon Cancer Cell is Mediated by p53 Signalings in a Ligand-Dependent Manner

Hsi-Hsien Hsu<sup>1,2,3</sup>, Sue-Fei Cheng<sup>4</sup>, Cheng-Chung Wu<sup>5</sup>, Chun-Hsien Chu<sup>6</sup>, Yi-Jiun Weng<sup>6</sup>, Chung-Sheng Lin<sup>7</sup>, Shin-Da Lee<sup>8</sup>, Hung-Chien Wu<sup>9</sup>, Chih-Yang Huang<sup>6,10</sup>, and Wei-Wen Kuo<sup>11</sup>

<sup>1</sup>Mackay Medicine, Nursing and Management College, Taipei

<sup>2</sup>Institute of Medicine, Chung-Shan Medical University, Taichung

<sup>3</sup>Division of Colorectal Surgery, Mackay Memorial Hospital, Taipei

<sup>4</sup>Department of Pharmacy, Veterans General Hospital-Taipei, Taipei

<sup>5</sup>Department of Surgery, Taichung Veterans General Hospital, Taichung

<sup>6</sup>Institute of Biochemistry and Biotechnology, Chung-Shan Medical University, Taichung

<sup>7</sup>Department of Internal Medicine, Chung-Shan Hospital, Taichung

<sup>8</sup>School of Physical Therapy, Chung-Shan Medical University, Taichung

<sup>9</sup>Department of Acupuncture, <sup>10</sup>Graduate Institute of Chinese Medical Science  
and

<sup>11</sup>Department of Biological Science and Technology

China Medical University

Taichung, Taiwan, R.O.C.

## Abstract

Epidemiologic studies reported that the prevalence of hereditary non-polyposis colon cancer (HNPCC) in male is about 1.5-fold higher than that in female. Decreases in circulatory estradiol ( $E_2$ ) have been reported to downregulate the expression of  $E_2$  receptor (ER) and significantly increase the risk of colorectal cancer. Patients that received  $E_2$  replacement therapy were found to have a reduction in the incidence of colon adenoma and carcinoma. Furthermore, significant decreases in the expression of ER have been found in colorectal cancer specimens. These data strongly suggest the protective roles of  $E_2$  and ER against colorectal cancer. However, the mechanisms remain unexplored. LoVo cells were transiently transfected to overexpress ER- $\beta$ , DNA fragmentation and caspase activity assay were performed to evaluate apoptotic effects. Western blotting was used to evaluate protein levels, and luciferase activity assay to measure the TNF- $\alpha$  promoter activity. Our data clearly demonstrated that  $E_2$  and ER- $\beta$  alone could upregulate p21 and p27 proteins, which further activate caspase-8 and caspase-9 to induce apoptosis in LoVo cell, and the ER- $\beta$  effects were enhanced by  $E_2$ . However, overexpressed ER- $\beta$  did not influence the expression and promoter activity of TNF- $\alpha$ . In addition,  $E_2$  and overexpressed ER- $\beta$  downregulated the  $\beta$ -catenin proteins which cause the downregulation of its target genes, cyclin D1 and Rb, to inhibit the cell cycle and cell proliferation. The results indicate that overexpressed ER- $\beta$  may induce LoVo cell apoptosis and anti-proliferation by increasing p53 signaling in a ligand-dependent manner, and without hTNF- $\alpha$  involvement. Efforts aiming at enhancing ER- $\beta$  expression and/or activity may prove to be an attractive alternative therapy against colorectal cancer.

**Key Words:** estrogen receptor- $\beta$ ; LoVo cells; apoptotic effects; antiproliferation

## Introduction

Colon cancer is one of the most common malignancies among populations in the US and Western Europe, and one of the leading causes of worldwide morbidity and mortality due to cancer. In the US, approximately 140,000 new cases and 50,000 deaths are registered each year (9). In Europe, each year about 213,000 new cases and 110,000 deaths are reported, respectively (34).

Unchecked Wnt signaling (36) and/or the loss of cell-cell adhesion (5, 35, 39) are involved in cancer induction and progression. A key event in cancer is the loss of control over  $\beta$ -catenin levels, which can be the consequence of loss-of-function mutations in APC, originally discovered because they predispose to colorectal cancer (36). In addition, activating mutations in  $\beta$ -catenin, of the kind that makes the molecule refractive to downregulation by the APC-axin-GSK-3  $\beta$  destruction complex, are characteristic of some cancers (36). In colorectal carcinoma, alteration of any component in this complex lets  $\beta$ -catenin escape from degradation, and  $\beta$ -catenin, as a transcriptional factor, activates a variety of genes, such as *c-myc* and *cyclin D1*, as well as *matrilysin* and *c-jun*, (4, 11, 25, 41) resulting in increased cell proliferation, decreased apoptosis, and enhanced infiltration capacity (8).

There is no doubt about the role of p53 mutations in the progression of colorectal tumors. The p53 protein is important in maintaining DNA integrity. DNA damage results in p53 and its downstream genes, p21/p27, mediated arrest in G1 phase of the cell cycle, followed by repair or, if the damage is too great, p53 induced apoptosis (15). Both over-expression of exogenous p53, and DNA-damaging agents which activate endogenous p53 resulted in reduced  $\beta$ -catenin in wild-type p53-containing tumor cell lines. The degradation signal controlling  $\beta$ -catenin levels is inducible by p53, revealing a link between genotoxic injury responses and  $\beta$ -catenin degradation (26).

Epidemiological studies have demonstrated that colorectal cancer incidence and mortality rates are lower in women than men (43). Many studies indicate that estrogen replacement therapy (ERT) exerts a protective role against colon cancer in postmenopausal women (17). The effects of estrogen are mediated by two specific, high affinity estrogen receptors, ER $\alpha$  and ER $\beta$ , ligand-activated or ligand-independent transcription factors which modulate gene expression by interaction with promoter response elements or other transcription factors (20, 29). Although both receptors have been identified in breast, bone, cardiovascular tissue, the urogenital tract and the central nervous system, ER $\beta$  is the form that predominates in the gastrointestinal tract (10, 2).

Foley *et al.* showed that malignant transformation in the colon is associated with a marked diminution of ER $\beta$  protein expression (7).

Multiple variant forms of ER $\alpha$  and ER $\beta$  mRNAs have been identified (28, 24, 45). These show differential expression in human tissues suggesting different functions and may explain the heterogeneous response of tissues to 17 $\beta$ -estradiol (E<sub>2</sub>). Contributory roles for ER $\beta$  in the regulation of cell differentiation in osteoblast cells (1) and in the induction of apoptosis in neuronal cells (31) have been documented, where it is suggested that E<sub>2</sub> can function as a survival agent or an inducer of apoptosis depending on the ER subtype present in cells. A progressive loss of ER $\beta$  expression during the process of carcinogenesis has also been documented in prostate (37) and breast cancers (14), suggesting a role for ER $\beta$  as a potential inhibitor of cellular proliferation and/or transformation. In colon cancer research, the downregulation of the ER $\beta$  mRNA has been reported to easily lead to the cancer production (2) and ER $\beta$  has been found to prevent the formation of cancer (19).

The primary aim of present study was to determine whether, and if so how, E<sub>2</sub> and ER $\beta$  protects against colon cancer, we have assessed the effects of E<sub>2</sub> and ER $\beta$  on apoptosis in the LoVo colon cancer cell line, by using transiently transfected to overexpress ER $\beta$ . Moreover, we expect to unveil the roles of p53 signaling pathway and  $\beta$ -catenin in the E<sub>2</sub> and ER $\beta$  effects.

## Materials and Methods

### Materials

Human colon cancer cell lines, LoVo, were obtained from the Global Bioresource Center (ATCC, Manassas, VA, USA). LoVo cells were established from the metastatic nodule resected from a 56-year-old colon adenocarcinoma patient.

### Cell Culture and Transfection

LoVo cells were maintained in RPMI 1640 medium (R-6504, Sigma) augmented with 1.5 g/l sodium bicarbonate, and 10% fetal bovine serum (Hyclone, UT, USA) in a humid atmosphere at 37°C, with 5% CO<sub>2</sub>. Cells were passaged twice a week, for example, on DNA fragmentation and luciferase assay, the cells were transferred to 6-cm culture dishes and allowed to grow to 60-70% confluency. Transfection were carried out using the liposome (Invitrogen Lipofectamine 2000 transfection kit) with phenol-red free, serum-free medium RPMI 1640 (Sigma, St. Louis, MO, USA), followed by treatment with E<sub>2</sub>, for 12-16 h. Cells seeded at 60-mm dish were cultured for 24 h in RPMI 1640 supplemented with 10% FBS, rinsed with

serum-free RPMI 1640 and 1 ml RPMI 1640 containing 15 µg/ml liposome, and 2 or 4 µg pcDNA. The cells were incubated at 37°C for 6 h before adding 1 ml RPMI 1640 supplemented with 10% FBS to the medium. After incubation for 18 h, the medium was replaced with fresh 10% FBS-RPMI 1640.

#### *Construction of Plasmid*

The human estrogen receptor  $\beta$  (hER- $\beta$ ) was generated by PCR from pRST7-ER $\beta$  plasmid, and the PCR product was inserted into *Bam* HI and *Sal* I sites in the pTRE2-hygromycin B vector (Promega Corp., Madison, WI, USA). The insert was verified by DNA sequencing.

#### *Isolation of Apoptotic DNA Fragments*

Isolation of apoptotic DNA fragments was performed according to Herrmann *et al.* (12). After harvesting, the cells were washed twice with phosphate buffered saline (PBS) and centrifuged at 12,000 rpm for 5 min. The cell pellets were resuspended in lysing buffer (pH 7.5) containing 1% NP40 in 20 mM EDTA and 50 mM Tris-HCl and centrifuged at 15000 rpm for 5 min. After adding 1% sodium dodecyl sulfate (SDS) and RNase-A (Roche, Indianapolis, USA) (final concentration 3.33 µg/µl), the supernatants were incubated at 56°C for 2 h and digested with proteinase K (Sigma, St. Louis, MO, USA) (final concentration of 2.5 µg/µl) at 37°C for 2 h. DNA was then precipitated by adding a mixture of 1/2 vol. Ten M ammonium acetate and 2.5 vol. ethanol, dissolved in loading buffer, separated by electrophoresis in 1.5% agarose gel, and stained with ethidium bromide.

#### *Western Blotting*

Cell harvesting, proteins were extracted using lysis buffer (50 mM Tris-base, 0.5 M NaCl, 1.0 mM EDTA, 1% NP40, 1% glycerol, 1 mM -mercaptoethanol, proteinase k inhibitor), centrifuging to discard the pellet. The protein concentrations were determined by the Lorry assay. The proteins of cell lysates were analyzed by SDS-PAGE, and proteins were transferred to nitrocellulose (or PVDF). Residual protein sites on nitrocellulose papers were incubated at room temperature for 2 h and then immerse in blocking buffer containing 5% skim milk in Tween/Tris-buffer saline (TBS). After washing with buffer, the nitrocellulose papers were immerse in monoclonal antibodies of estrogen receptor- $\beta$  (Santa Cruz Biotechnology, Inc., Santa Cruz, CA, USA),  $\alpha$ -tubulin (NeoMarkers, Fremont, CA, USA) Caspase3, Caspase8, Caspase9 (Santa Cruz) diluted with TBS containing 5% skim milk and incubated at room temperature for

4 h. The immunoblots were then washed in triplicate with TBS for 10 min before immersing in the second antibody solution for 1 h and diluted 1000-fold in TBS. The filters were then washed in triplicate in TBS for 10 min. Antibody reaction was visualized with chemiluminescence reagent for Western blotting.

#### *Luciferase Assay*

Transient transfections of pGal-hTNF- $\alpha$ -Luc were performed using the QIAGEN plasmid Maxi Kit. Transfections were performed according to instructions of manufacturer. The transfections were repeated at least twice to ensure reproducibility of the results. The transfection with pGal-ERE-Luc was used as a positive control. Activities of Luciferase were measured using the dual reporter gene system (Promega, San Luis Obispo, CA, USA) with an automated chemiluminescence detector (Berthold, Bad Wildbad, Black Forest, Germany).

#### *Statistical Analysis*

All data are expressed percentages of the control and mean  $\pm$  S.D. The results were based on three independent experiments. Student's unpaired *t* test was used to compare the differences between groups. Experimental group vs. control group: A *P* value < 0.05 was considered statistical significance, \**P* < 0.05 and \*\**P* < 0.01.

## **Results**

#### *Efficiency of Transiently Transfected ER $\beta$ in LoVo Colon Cancer Cell Line*

Transient transfection in LoVo colon cancer cell line was carried out by using Lipofectamine to overexpress ER $\beta$ , and the protein level was indeed higher in ER $\beta$  transfectant than empty vector, pcDNA3 transfectant (Fig. 1a). The efficiency of ER $\beta$  transfectant was evidenced by transfecting plasmids that contain GFP gene and visualizing with fluorescence microscopy. The efficiency was up to 40% (Fig. 1b).

#### *Apoptotic DNA Fragments in ER $\beta$ Transfectant after E<sub>2</sub> Treatment*

The yields of apoptotic DNA fragments in wild type ER $\beta$  transfectant was significantly higher in the group treated with E<sub>2</sub> (10<sup>-8</sup> M) than that with ethanol (Fig. 2: Lanes 3 and 4). Similar findings were also in the pcDNA3 transfectant (Fig. 2: Lanes 1 and 2). In addition, the ER $\beta$  transfectant had a significant higher yield of apoptotic DNA fragments than pcDNA3 alone after E<sub>2</sub> treatment (Fig. 2: Lanes 2 and 4).

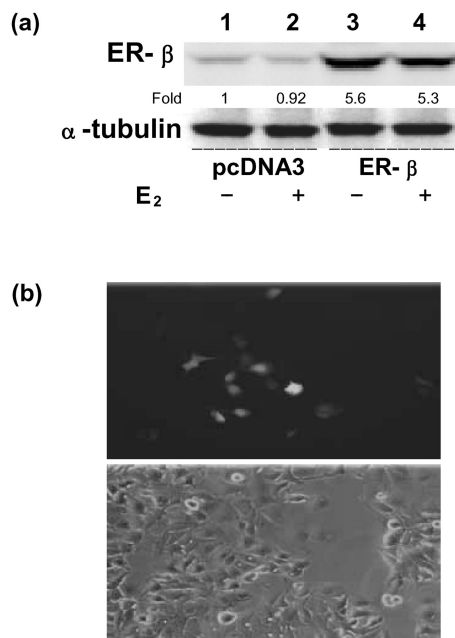


Fig. 1. Efficiency of transiently transfected ER $\beta$  in LoVo colon cancer cell line. (a) Protein contents in the ER $\beta$  and pDNA3 transfectants. LoVo cells transfected with pcDNA3 (2  $\mu$ g) or ER $\beta$  (2  $\mu$ g) after treatment with estradiol ( $E_2$ ). Lane 1: pcDNA3 transfectant treated with ethanol. Lane 2: pcDNA3 transfectant treated with  $E_2$  ( $10^{-8}$  M). Lane 3: ER $\beta$  transfectant without  $E_2$  treatment. Lane 4: ER $\beta$  transfectant treated with  $E_2$  ( $10^{-8}$  M). (b) LoVo cells transfected with GFP plasmid and visualized with fluorescence microscopy (upper panel), visualized with optical microscopy as control (lower panel). This is a representative of two independent experiments with similar results.

#### Changes in the Procaspases and Cleaved Caspases in ER $\beta$ Transfectant

Protein contents of procaspases were significantly higher in ER $\beta$  transfectant than the pcDNA3 transfectant. The active forms of caspase 8 and caspase 9 increased in the ER $\beta$  transfectant and after  $E_2$  treatment even more higher increase (Fig. 3a, b). It suggests ER $\beta$  alone could induce caspase 8/9 activation and lead to apoptosis, which augmented by  $E_2$  treatment.

#### TNF- $\alpha$ Promoter Activity Was Not Activated by $E_2$ and/or ER $\beta$ Overexpressed in LoVo Cells

The activation of caspases is passed by two main pathways: mitochondrial pathway and the death ligands and death receptors (30). To determine whether ER $\beta$  induced caspase activation through TNF- $\alpha$  signaling pathway, we employed luciferase assay. After transfecting both ER $\beta$  and pGL3-ERE-Luc into the LoVo cells, the expression of luciferase increased by

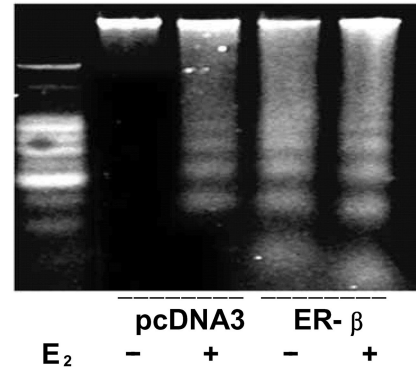


Fig. 2. Apoptotic effects determined by DNA fragmentation. Isolation of apoptotic DNA fragments from the LoVo cells transfected with pcDNA3 (2  $\mu$ g) or ER $\beta$  (2  $\mu$ g) after treatment with estradiol ( $E_2$ ). Lane 1: pcDNA3 transfectant treated with ethanol. Lane 2: pcDNA3 transfectant treated with  $E_2$  ( $10^{-8}$  M). Lane 3: ER $\beta$  transfectant without  $E_2$  treatment. Lane 4: ER $\beta$  transfectant treated with  $E_2$  ( $10^{-8}$  M). DNA fragments were isolated by electrophoresis in 1.5% agarose gels, and stained by ethidium bromide. This is a representative of two independent experiments with similar results.

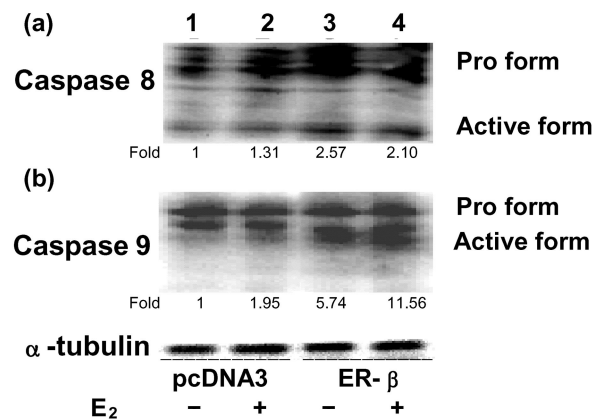


Fig. 3. Activation of caspases in LoVo cells transfected with pcDNA3 or ER $\beta$  after estradiol ( $E_2$ ) treatment. (a) Levels of pro-form and activated form caspase 8 in the two transfectants after estradiol ( $E_2$ ) treatment. (b) Levels of pro-form and activated form caspase 9 in the two transfectants after estradiol ( $E_2$ ) treatment. Preparations treated with ethanol were employed as controls and  $\alpha$ -tubulin as internal controls. This is a representative of two independent experiments with similar results.

20 folds. In the presence of  $E_2$ , these transfectants showed more increase to 45-fold in luciferase expression (Fig. 4a). However, the expression of luciferase did not change in both ER $\beta$  and pGL3-hTNF- $\alpha$ -Luc co-transfected with/without  $E_2$  treatment (Fig. 4b). In addition, no protein content change of TNF- $\alpha$  under ER $\beta$  transfected with/without  $E_2$  treatment (Fig. 4c).

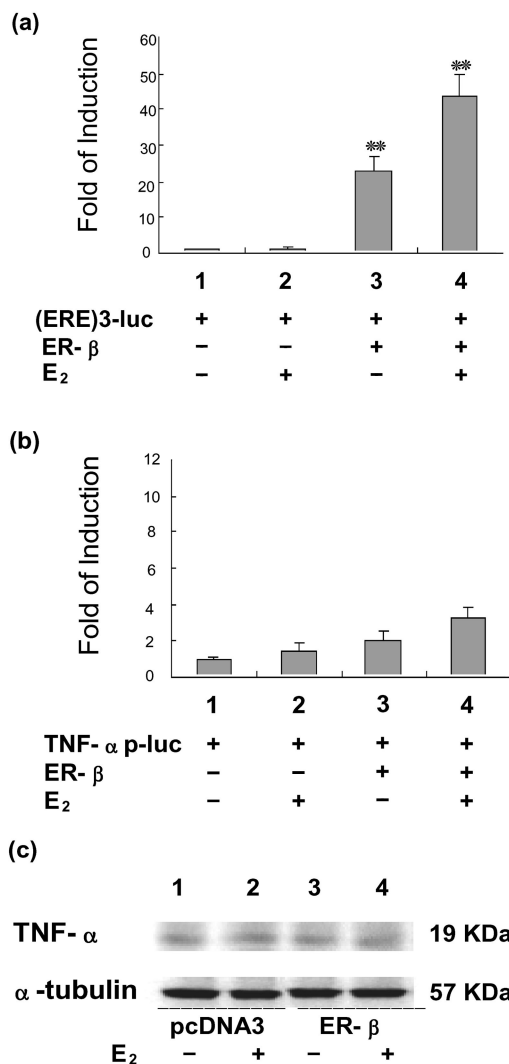


Fig. 4. TNF- $\alpha$  promoter activity after overexpressing ER $\beta$  with E<sub>2</sub> in LoVo cells. (a) LoVo cells were transiently co-transfected with pcDNA3 or ER $\beta$  with ERE-tk- $\alpha$ -Luc and treated with either ethanol or E<sub>2</sub>. (b) LoVo cells were transiently co-transfected with pcDNA3 or ER $\beta$  with pGL3-hTNF- $\alpha$ -Luc and then treated with either ethanol or E<sub>2</sub>. TNF- $\alpha$  promoter gene activity was measured by Luciferase assay. All treatments of each bar are described as indicated. The ERE-Luc activities were used as positive control. (c) Protein expression of TNF- $\alpha$  in the ER $\beta$  and pDNA3 transfectants. These results were based on three independent experiments. \*\*Significantly different compared with the control group ( $P < 0.01$ ).

#### Changes in the P53 Signaling Proteins in ER $\beta$ Transfectant

In the group of ER $\beta$  transfectant with E<sub>2</sub> treatment, p21 (3.75-fold), p27 (2.35-fold), and their upstream p53 (1.93-fold) protein level increased significantly (Fig. 5). Protein contents of Cyclin D1 (0.52-fold), Cyclin E (0.36-fold), and Rb (0.57-fold) which control cell cycle

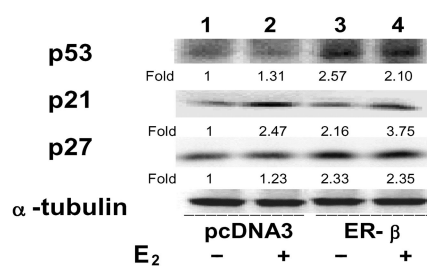


Fig. 5. Changes of the p53 signaling proteins in ER $\beta$  overexpressing LoVo cells. Protein levels of the p53 and its downstream p21 and p27 were measured by Western blotting,  $\alpha$ -tubulin was used as internal control. This is a representative of two independent experiments with similar results.

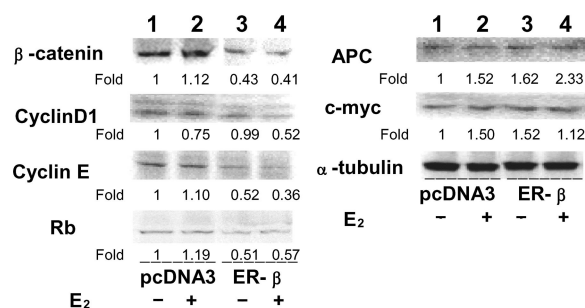


Fig. 6. Changes of the regulatory genes in cell cycle and Wnt signalling pathway in ER $\beta$  overexpressing LoVo cells. Protein levels of the cell cycle regulatory genes (cyclin D1, cyclin E, Rb, and c-myc) and Wnt pathway relative proteins (APC and  $\beta$ -catenin) were analyzed by Western blotting,  $\alpha$ -tubulin was used as internal control. This is a representative of two independent experiments with similar results.

progression from G1 phase into S phase decreased significantly in ER $\beta$  transfectant with E<sub>2</sub> treatment (Fig. 6). It suggests E<sub>2</sub> binding to ER $\beta$  could suppress colon cancer cell proliferation and induce apoptosis.

#### Changes in Wnt-APC- $\beta$ -Catenin Signalling Pathway in Colon Cancer

Protein content of  $\beta$ -catenin decreased significantly in ER $\beta$  transfectant with E<sub>2</sub> treatment, corresponding with the change of Cyclin D1 (0.52-fold) and Rb (0.57-fold), the downstream target gene of  $\beta$ -catenin (0.41-fold) (Fig. 6). The result might indicate that ER $\beta$  with E<sub>2</sub> in colon cancer could inhibit cell proliferation, migration, and carcinogenesis.

#### Discussion

Here provides evidence that ER $\beta$  play a role to

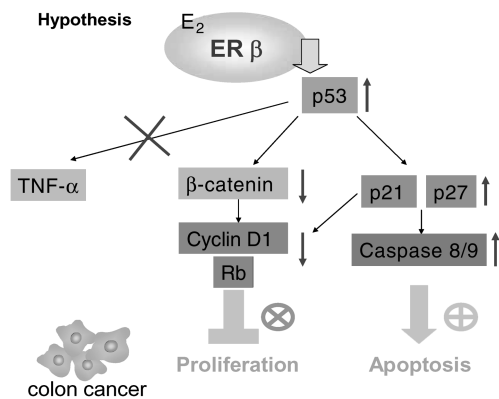


Fig. 7. A depicted flow chart of overexpressed ER $\beta$  may induce apoptosis and inhibit proliferation of LoVo cells by activating p53, which either activate p21/p27, moreover activate caspase 8/caspase 9 or suppress cyclin D1/cyclin E and lead to apoptosis and cell cycle arrest, or degrade  $\beta$ -catenin and downregulate cyclin D1/E and Rb, then inhibit cell proliferation.

engage apoptosis and anti-proliferation in LoVo colon cancer cells. Overexpressed ER $\beta$  proteins after transiently transfecting the ER $\beta$  (Fig. 1), the caspase 8/9 were activated leading to apoptosis;  $\beta$ -catenin, cyclin D1/E, Rb proteins decreased leading to inhibiting cell cycle progression, and cell proliferation (Fig. 6). It suggested ER $\beta$  maybe a good candidate to suppress colon cancer, and moreover for clinical therapy.

The executioner caspases (aspartate-specific cysteine protease) is main pathway orchestrating the programmed cell death (38). The caspase gene family contains 14 mammalian members and there are 11 identified human enzymes. This family is subdivided into two major phylogenetic subfamilies: the inflammation group (caspase-1, -4, -5, and -13) and the apoptosis group (caspase-2, -3, -6, -7, -8, -9, and -10) (27, 41). The activation of caspase is passed by two main pathways: mitochondrial pathway and the death ligands and death receptors (30). Since apoptosis is essential for development and maintenance of multicellular organisms, a deficiency in apoptosis is one of the key events in pathophysiology of tumor development (46). We found that ER $\beta$  with E<sub>2</sub> induced apoptosis in DNA fragmentation assay, and activated caspase 8 and caspase 9 in Western blotting assay alone with p53 elevation. In hepatoma cell line, caspase 8 is a target gene of p53 (22), and caspase 9 is required for p53-dependent apoptosis and chemo sensitivity in a human ovarian cancer cell line (44). However, TNF- $\alpha$ , the death receptors signaling pathway, can induce colon cancer apoptosis had been demonstrated (18, 42), but in our experiment, TNF- $\alpha$  did not mediate ER $\beta$  induced caspase activation, as evidenced by TNF- $\alpha$  reporter gene activity and TNF- $\alpha$  protein expression (Fig. 4).

Genistein, a soy metabolite that is a selective

agonist of ER $\beta$ , has been shown to induce p21WAF1/CIP1 expression in various human cancers including colorectal carcinoma, thus leading to cell-cycle arrest (21, 32). Cyclin D1 is not expressed in normal colorectal tissue, but deregulated expression of cyclin D1 is well documented in colorectal cancers (13, 33). In addition, ER $\beta$  interferes with this pathway of carcinogenesis by inhibiting cyclin D1 gene transcription (23). These findings correspond with ours, that ER $\beta$  with E<sub>2</sub> induced not only p21 and p27 but also p53 protein expression, and suppressed cyclin D1, cyclin E and Rb protein expression, leading to interference cell cycle and proliferation.

When APC are mutated, resulting constitutive activation of the Wnt pathway provides a strong selective advantage by affecting cell proliferation, migration, apoptosis and possibly differentiation of the intestinal stem cell (6).  $\beta$ -catenin is the central player, which is a transcription cofactor with T cell factor/lymphoid enhancer factor TCF/LEF in the Wnt pathway (3) and a structural adaptor protein linking cadherins to the actin cytoskeleton in cell-cell adhesion (16). We found the protein content of  $\beta$ -catenin decreased significantly in ER $\beta$  transfectant with E<sub>2</sub> treatment, corresponding with its downstream target gene, cyclin D1 and Rb.

Taken together, our data suggests ER $\beta$  with E<sub>2</sub> activate p53 pathway, might leading to activate p21, p27, and degrade  $\beta$ -catenin, which results in caspases 8/9 activation and cyclin D1/E, and Rb inhibition, thus providing apoptotic activation and proliferating inhibition. We would like to further explore the effects with ER $\beta$  on invasion and migration of colon cancer and the relative mechanism. Efforts aiming at enhancing ER- $\beta$  expression and/or activity may prove to be an attractive alternative therapy against colorectal cancer.

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